

**CITY OF GLENDALE - BUILDING AND SAFETY**

633 E. Broadway, Room 101 Glendale, CA 91206 - (818) 548-3200, 548-4830 (Inspection)

**BUILDING PERMIT WORKSHEET**

Separate applications are required for Electrical, Plumbing, Heating/Air  
Conditioning, Fire Sprinklers, Zoning Use Certificate and Signs

Application No. B ( ) \_\_\_\_\_

**Please complete the section below clearly, legibly and in ink**

PROJECT ADDRESS, CITY AND ZIP		UNIT (SUITE) NO.	
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BLDG TYPE	<input type="checkbox"/> DWELLING / DUPLEX	<input type="checkbox"/> COMMERCIAL	SCOPE OF CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> NEW
	<input type="checkbox"/> APARTMENT / CONDO	<input type="checkbox"/> MIXED USE		<input type="checkbox"/> ALTERATION / REPAIR	<input type="checkbox"/> DEMOLITION

DESCRIPTION OF CONSTRUCTION ACTIVITY


Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.) \$	Revised Valuation: \$	<input type="checkbox"/> CHECK THIS BOX IF WORK HAS ALREADY STARTED . Double the permit fee will be charged for legalization.
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APN NO.	LOT	TRACT NO.	HIGH FIRE / HAZARD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	ZONE USE	NAICS / STRUCTURE USE 1-5
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STRUCTURE OCCUPANCY 1-5	OCCUPANCY FLOOR AREA 1-5	OCCUPANCY LOAD 1-5	STORIES	BASEMENT	MEZZ	TYPE OF CONSTRUCTION 1 2
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GUSD FLOOR AREA	COMM'L	RESIDENTIAL	BLDG. FLOOR AREA	ABOVE GRADE	BELOW GRADE	ZONING BLDG. HEIGHT
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FIRE SPRKLR	EDITION OF THE CODE	STANDARD PARKING	ACTUAL	REQUIRED	DWELLING UNITS	BEDROOMS
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Check one for the primary contact	<input type="checkbox"/> APPLICANT'S NAME	MAILING ADDRESS		PHONE NO.	
	<input type="checkbox"/> PROPERTY OWNER'S NAME	MAILING ADDRESS		PHONE NO.	
	E-MAIL ADDRESS				
	<input type="checkbox"/> LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:	LICENSE NO.			
	NAME:		MAILING ADDRESS:		PHONE NO. LICENSE NO.
	E-MAIL ADDRESS				

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	MAILING ADDRESS	PHONE NO.
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E-MAIL ADDRESS
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LICENSE CLASS AND NUMBER	CONTRACTOR SIGNATURE
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**STAFF USE ONLY BELOW THIS LINE**

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STAFF COMMENTS, (INITIALS)	PLAN REQUIRED <input type="checkbox"/>
	PLOT PLAN ATTACHED <input type="checkbox"/>
	NEW CERT. OF OCCUPANCY <input type="checkbox"/>
	CASES, ORDINANCES, VARIANCES <input type="checkbox"/>

OK TO SUBMIT/EXPRESS BY: SIGNATURE DATE		ACCEPTED BY: DATE	RECEIPT NO.	P.C. FEE Y N	
Check only if applicable	<input type="checkbox"/> ENGINEERING <small>PRINT</small>	SIGNATURE DATE	P.W. EASEMENTS	P.L. TO CURB FACE	ACCESSIBILITY Y N
	<input type="checkbox"/> ZONING <small>PRINT</small>	SIGNATURE DATE			ENERGY Y N
	<input type="checkbox"/> FIRE <small>PRINT</small>	SIGNATURE DATE	<input type="checkbox"/> G.W.P. WATER <small>SIGNATURE</small>	DATE	CAL-GREEN Y N
	<input type="checkbox"/> DESIGN REVIEW <small>PRINT</small>	SIGNATURE DATE	<input type="checkbox"/> G.W.P. ELECTRIC <small>SIGNATURE</small>	DATE	STRONG MOTION Y N
	<input type="checkbox"/> FOG <small>PRINT</small>	SIGNATURE DATE	<input type="checkbox"/> AGENCY <small>PRINT</small>	SIGNATURE DATE	S.F.C. Y N
BLDG. PLAN CHECK <small>PRINT</small>		SIGNATURE DATE	<input type="checkbox"/> AGENCY <small>PRINT</small>	SIGNATURE DATE	ARCHIVE FEE (PAGES) Y N
OK TO ISSUE PERMIT BY: SIGNATURE DATE		ACCEPTED BY: DATE	RECEIPT NO.	SUPP. P.C. FEE Y N	
				PERMIT FEE Y N	

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE BUILDING PERMIT TO THE PROPERTY OWNER OR LICENSED GENERAL CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. ANY PERSON SIGNING THE PERMIT APPLICATION AS AGENT FOR THE OWNER OR CONTRACTOR SHALL HAVE AN ORIGINAL LETTER OF AUTHORIZATION AT THE TIME OF PERMIT ISSUANCE. APPLICATIONS SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER, ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL. UPON WRITTEN REQUEST FROM THE APPLICANT, THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION.

ADDRESS: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

Please Draw a Plot Plan: Locate all structures on lot

